



CITY OF
FORT LAUDERDALE

Venice of America

Parking and Fleet Services Department

Date of Request: _____ *required*

Name: _____ *required*

Address: _____ *required*

Phone: _____ *required*

Amount Due: _____ *required*

License Plate: _____ State: _____

OR/VIN: _____

Make: _____

Appeals Hearing Request:

Citation # _____

Issue Date: _____ *required*

Violation Description: _____ *required*

INSTRUCTIONS ENCLOSED

Violation Time: _____ *required*

Reason for dispute: _____ *required*

☐ I hereby certify that I am the registered owner
of the vehicle described above

☐ I hereby certify that I had complete care, control and custody
of the vehicle described above at the time of the alleged violation.

PRINT NAME: _____ VIN # _____

ADDRESS: _____ *required* Vehicle Identification # (Required)

CITY _____ STATE _____ ZIP _____

_____ *required* _____ *required* _____ *required* _____ *required*

YOUR SIGNATURE _____ *required* telephone _____ DATE _____ *required*

Sworn to and subscribed before me this _____ day of _____

Signature of Notary Public

Commision Expires

Return completed to:
Fort Lauderdale Parking Services
290 N.E. 3rd Ave
Fort Lauderdale, FL 33301